PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

0969682

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
TOTAL CLAIMS			(Column 1) (C		(Colu	olumn 2)		TYPE [OR	SMALL	
TOTAL CLAINS								RATE	FEE		RATE	FEE
FOR .			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			minus 20= * 2					X\$ 9=	207.	OR	X\$18=	
IND	EPENDENT CL	4 minus 3 = * ()					X40=	40)	OR	X80=		
ML	LTIPLE DEPEN	IDENT CLAIM P	RESENT					+135=	K 1/1/3/3	OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2						column 2	L	TOTAL	602.4	OR	TOTAL	
CLAIMS AS AMENDED - PART II								1		•	OTHER	THAN
	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 153	Minus	** 43	3	=		X\$ 9=		OR	X\$18=	i
AME	Independent	dependent			CL AIM	=		X40=		OR	X80=	
	FINOT PRESE	NIATION OF MI	OLITE DEF	CINDEIN	CLAIIVI	<u> </u>		+135=	·	OR	+270=	
								TOTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	μ	NDDIT. FEE			AUUH, FEE	
_	. W	CLAIMS		HIGH	IEST		Г		ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=	╽┟	X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									On		
							L	+135=		OR	+270=	
			•				A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	╽┟	X40=			X80=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	CLAIM		∤ ∤			OR		
								+135= TOTAL		OR	+270=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT. FEE	
		ber Previously Pa					er four	nd in the app	ropriate box	in col	lumn 1.	